PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only	
International Application No.	
International Filing Date	
Name of receiving Office and "PCT International Application"	

according to the Patent Cooperation Treaty.	Name of receiving Office and "	PCT International Application"
	Applicant's or agent's file ref (if desired) (12 characters maxim	
Box No. I TITLE OF INVENTION METHOD FOR DETECTING PRP USING AT LEAST ONE P BOND AND A LIGAND OTHER THAN A PROTEIN LIGAN		AT LEAST ONE GLYCOSIDIC
Box No. II APPLICANT	This person is also inventor	
Name and address: (Family name followed by given name; for a leg The address must include postal code and name of country. The count Box is the applicant's State (that is, country) of residence if no State of r Biomerieux Chemin de l'Orme	ry of the address indicated in this	Telephone No. 04.78.87.23.19 Facsimile No. 04.78.87.21.16
69280 MARCY L'ETOILE FRANCE	Teleprinter No.	
		Applicant's registration No. with the Office
State (that is, country) of nationality: FR	State (that is, country) of res	sidence: FR
		Inited States the States indicated in the Supplemental Box
Box No. III FURTHER APPLICANT(S) AND/OR (FURTI	HER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a leg The address must include postal code and name of country. The countr Box is the applicant's State (that is, country) of residence if no State of r Universite Claude Bernard Lyon 43 boulevard du 11 novembre 1918 69622 VILLEURBANNE CEDEX FRANCE	y of the address indicated in this	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality:	State (that is, country) of reside	nce:
		United States the States indicated in the Supplemental Box
Further applicants and/or (further) inventors are indicated on a cont	inuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE;	OR ADDRESS FOR CORRE	SPONDENCE
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:	agent	common representative
Name and address: (Family name followed by given name; for a lega The address must include postal code and name	,, ,	Telephone No. 04.78.87.50.23
Biomerieux DORGET, Elisabeth Chemin de l'Orme		Facsimile No. 04.78.87.21.16
69280 MARCY L'ETOILE FRANCE		Teleprinter No.
		Agent's registration No. with the Office
Address for correspondence: Mark this check-box where no space above is used instead to indicate a special address to which or		/has been appointed and the

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INV	ENTOR(S)
If none of the following sub-boxes is used, this sheet should not be included in the request.	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Centre National de la Recherche Scientifique 3 rue Michel-Ange 75794 PARIS CEDEX 16 FRANCE	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: FR State (that is, country) of res	idence:
Time between the production of	nited States the States indicated in the Supplemental Box
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Agence Française de Securite Sanitaire des Aliments 27-31 avenue du General Leclerc 94701 MAISONS-ALFORT FRANCE	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: FR State (that is, country) of res	idence: FR
1 harrow is all the second in the seco	inited States the States indicated in the Supplemental Box
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) BENSCIK-REYNIER, Anna 1280 route du Plateau 38110 SAINT CLAIR DE LA TOUR FRANCE	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: State (that is, country) of res	idence:
1 berson is approximately [7]	FR the States indicated in the Supplemental Box
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) COLEMAN, Anthony William 55 rue de Margnolles 69300 CALUIRE ET CUIRE FRANCE	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: GB State (that is, country) of res	idence:
1	nited States the States indicated in the Supplemental Box
Further applicants and/or (further) inventors are indicated on another continuation sheet.	

Sheet No. 3

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INV	ENTOR(S)
If none of the following sub-boxes is used, this sheet should not be included in the request.	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) DA SILVA, Eric 20 rue Camille Roy 69007 LYON FRANCE	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)
	Applicant's registration No. with the Office
State (that is, country) of nationality: FR State (that is, country) of resi	idence: FR
	nited States the States indicated in the Supplemental Box
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) DUPIN, Marilyne Chatanay 69670 VAUGNERAY FRANCE	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)
	Applicant's registration No. with the Office
State (that is, country) of nationality: FR State (that is, country) of resi	idence: FR
1 11110 berger in abbutant.	nited States the States indicated in the Supplemental Box
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) LECLERE, Edwige 12 rue des Plerres Blanches 69001 LYON FRANCE	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: FR State (that is, country) of res	idence: FR
1 bereen a approximation 1	nited States the States indicated in the Supplemental Box
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) MARTIN, Ambroise 605C route du Bas Privas 69390 CHARLY FRANCE	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: State (that is, country) of resi	
· · · · · · · · · · · · · · · · · · ·	rited States the States indicated in the Supplemental Box
Further applicants and/or (further) inventors are indicated on another continuation sheet.	

Sheet No. 4

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVI	ENTOR(S)
If none of the following sub-boxes is used, this sheet should not be included in the request.	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) MOUSSA, Aly 52 chemin du Grand Revoyet 69600 OULLINS FRANCE	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: State (that is, country) of resi	dence: FR
1 1.110 hereen in abbuteau.	the States indicated in the Supplemental Box
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) PERRON, Herve 4 alee de la Guigonniere 69290 SAINT GENIS LES OLLIERES FRANCE	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: FR State (that is, country) of resi	idence: FR
1	the States indicated in the Supplemental Box
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) RONZON, Frederic Le Vanel 69610 MONTROMANT FRANCE	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office
State (that is, country) of nationality: FR State (that is, country) of resi	idence:
This person is applicant for all designated all designated States except the Un	nited States the States indicated in the Supplemental Box

Form PCT/RO/101 (continuation sheet) (October 2005)

See Notes to the request form

Box No. V DESIGNA	ATIONS				
The filing of this request filing date, for the grant of	constitutes under Rule 4. every kind of protection av	9(a), the designation of all railable and, where applicable	Contracting States bound be, for the grant of both region	by the PCT on the international nal and national patents.	
However,				•	
☐ DE Germany is not d	esignated for any kind of n	ational protection			
KR Republic of Kore	a is not designated for any	kind of national protection			
☐ RU Russian Federation	on is not designated for any	y kind of national protection			
national law, of an earlier	ay be used to exclude (irrev r national application from these and certain other Sta	which priority is claimed.	ncerned in order to avoid the See the Notes to Box No. V	e ceasing of the effect, under the as to the consequences of such	
Box No. VI PRIORIT	Y CLAIM				
The priority of the following	g earlier application(s) is here	by claimed:			
Filing date			Where earlier application is:		
of earlier application (day/month/year)	of earlier application	national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office	
item (1) 20/01/2004	0400492	FR			
item (2) 17/06/2004	0406538	FR			
item (3)					
Further priority claim	ms are indicated in the Suppl	emental Box.			
The receiving Office is required the earlier application will identified above as:	uested to prepare and transm as filed with the Office whi	it to the International Bureau ich for the purposes of this	a certified copy of the earlier international application is the	application(s) (<i>only</i> he receiving Office)	
all items	item (1)	item (2) item	n (3) other, s	see Supplemental Box	
*Where the earlier application industrial Property or one M	ion is an ARIPO application, Member of the World Trade C	indicate at least one country p Organization for which that ea	party to the Paris Convention f rlier application was filed (Ru	for the Protection of le 4.10(b)(ii)):	
Box No. VII INTERNA	ATIONAL SEARCHING	GAUTHORITY			
international search, indica		wo-letter code may be used):		es are competent to carry out the	
Request to use results of International Searching Aut		to that search (if an earlier	r search has been carried ou	it by or requested from the	
Date (day/month/year) 20/01/2004	Number 0400492		Country (or regional Office FRANCE)	
Box No. VIII DECLAR	RATIONS				
		VIII (i) to (v) (mark the applic mber of each type of declaratio		Number of declarations	
Box No. VIII (i)	Declaration as to the ide	ntify of the inventor		:	
Box No. VIII (ii)	Declaration as to the app date, to apply for and be	plicant's entitlement, as at the ir granted a patent	nternational filing	:	
Box No. VIII (iii)		olicant's entitlement, as at the ir y of the earlier application	nternational filing	:	
Box No. VIII (iv) Declaration of inventorship (only for the purposes of the designation of the United States of America): 1				: 1	
Box No. VIII (v)	Declaration as to non-pr	ejudicial disclosures or excepti	ons to lack of novelty:	:	

This international application conta a) on paper, the following number		This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Numbe of item
sheets: request (including declaration sheets) description (excluding sequence listings and/or tables related thereto) claims abstract drawings Sub-total number of sheets sequence listing tables related thereto (for both, actual number of sheets if filed on paper, whether or not also filed in electronic form; see (c) below) Total number of sheets b) only in electronic form (Section 801(a)(i)) (i) sequence listing (ii) tables related thereto c) also in electronic form (Section 801(a)(ii)) (i) sequence listing (ii) tables related thereto Type and number of carriers of the contained the sequence listing (ii) tables related thereto Type and number of carriers of the drawings which hould accompany the abstract: Box No. X SIGNATURE O	: 6 : 36 : 4 : 1 : 9 : 56 : : : : 56 (diskette, hich are	1.	
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larcy l'Etoile le 19 January 2005		For receiving Office use only	
	purported		wings:
lisabeth DORGET I. Date of actual receipt of the international application:	ipt due to later but	2. Dra	wings: ::ceived:
lisabeth DORGET 1. Date of actual receipt of the international application: 3. Corrected date of actual receitimely received papers or dra	ipt due to later but awings completing pplication: required	2. Dra	C